

**REQUEST FORM FOR LICENSE CHANGE OR CERTIFICATION**  
**FORM MUST BE SIGNED & DATED.**

Utah Insurance Department  
State Office Building Room 3110  
Salt Lake City, Utah 84114  
Phone: 801-538-3800 Fax: 801-538-3830

**Please type or print**

Name of Agent / Agency \_\_\_\_\_ License # \_\_\_\_\_

Social Security # / Tax ID \_\_\_\_\_

**I hereby request the following** (please check appropriate box):

**1.  CHANGE OF ADDRESS & TELEPHONE NUMBER**

All correspondence from this Department is mailed to your business address.

**NOTE:** If a Post Office Box Number is used as a mailing address, you need to also identify the actual street address.

**AGENT ADDRESS:**

**BUSINESS MAILING ADDRESS:**

\_\_\_\_\_  
(Home Address)

\_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Phone)

**2.  CHANGE OF NAME**

From \_\_\_\_\_ To \_\_\_\_\_

Enclose a copy of documentation, such as divorce decree, marriage license, drivers license, etc.

**3.  DUPLICATE LICENSE**

\_\_\_\_\_  
**Signature** of Agent or Authorized Agency Officer for any of the above requests.

\_\_\_\_\_  
**Date**

4.  **LETTER OF CLEARANCE**

The licensee is the only party authorized to request a cancellation of license. Include a stamped, self-addressed envelope.

CURRENT UTAH LICENSE MUST BE RETURNED WITH THIS REQUEST.

I, \_\_\_\_\_, have moved from UTAH to the state of \_\_\_\_\_

Please cancel my Utah license # \_\_\_\_\_ and forward a letter of clearance to the following address:

\_\_\_\_\_  
\_\_\_\_\_

5.  **LETTER OF CERTIFICATION**

Please issue a certification of my Utah license status. The name of the agent to appear on the letter is:

\_\_\_\_\_ License # \_\_\_\_\_

State(s) for which letter(s) are to be prepared: \_\_\_\_\_

\_\_\_\_\_

Letters are to be mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All letters will be mailed to the person or office requesting them, NOT to the state(s). Include a stamped, self-addressed envelope.

6.  **CANCELLATION OF LICENSE**

I am returning my license for cancellation for the following reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature** of Agent or Authorized Agency Officer for any of the above requests.

**Date**